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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Keith Robert Broerman et al
Title Method and Apparatus for Generating and	
Art Unit Playing Diagnostic Messages Indicative	
Examiner Name of MTA	Provisioning Status
Attorney Docket Number	PU020453

I hereby revoke all previous powers of attorney given in the above-identified application.

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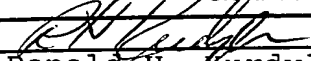
<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6818	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	9-25-05
Name	Ronald H. Kurdyla, Reg. No. 26,932	Telephone	609-734-6818
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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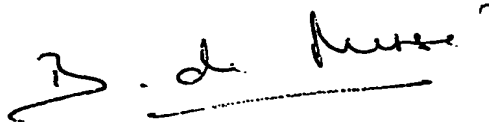
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DATED this 15 day of March, in the year 2004.



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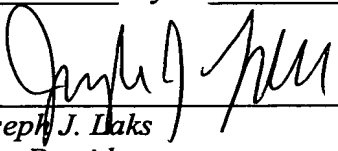
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